

**MDR Tracking Number: M5-04-1998-01**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 03-04-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The therapeutic exercises, physical medicine treatment-hot/cold pack therapy, group therapeutic procedures, myofascial release, and ultrasound therapy from 3-19-03 through 5-16-03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service through in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order are hereby issued this 10<sup>th</sup> day of August, 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

**NOTICE OF INDEPENDENT REVIEW DECISION**

June 21, 2004

**Re: IRO Case # M5-04-1998** amended 8/6/04

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is a Board certified in Orthopedic Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Physical therapy review 5/23/03
4. Utilization review 4/29/03
5. Medical evaluation 1/6/03, 11/7/03, 5/14/03
6. D.C. initial evaluation and treatment notes, before, during and after dates in dispute
7. Orthopedic surgeon notes
8. Orthopedic consult report
  
9. Pain Management notes and injection records

## 10. Psychotherapy notes

### History

The patient is a 49-year-old, right handed, female who felt an onset of traumatic pain in her neck, both shoulders, lower back, and both upper extremities, including her right hand in \_\_\_\_\_. She was diagnosed with multiple conditions, including carpal tunnel syndrome, bilateral pronator syndrome, right lateral epicondylitis, and moderate cervical and thoracic myofascitis. The patient was treated with extensive conservative management, including casting, splinting, physical therapy, steroid injections into the carpal tunnel and trigger point injections. Multiple post injection physical therapy episodes were performed over the ensuing two or three years. Ultimately the patient underwent a right carpal tunnel release on 2/26/03, and had a slight delay in starting post release physical therapy. Some of this physical therapy has been denied.

### Requested Service(s)

Therapeutic exercises, physical medicine treatment – hot cold pack therapy, group therapeutic procedures, myofascial release, ultrasound therapy 3/19/03 – 5/16/03

### Decision

I disagree with the carrier's decision to deny the requested services.

### Rationale

The patient's poor progress is well documented. The initial services denied in March 2003 comprised the first three visits of the patient's post operative physical therapy, which was certainly medically necessary. A second course of physical therapy is occasionally required for patients, such as this patient, who have multiple upper extremity dysfunctions, as they do not progress as rapidly as the patients who only have carpal tunnel syndrome. The patient's progress is well documented in the medical record.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

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